

# Mail Order Pharmacy

If your PacificSource health plan includes prescription drug coverage, you can use our convenient mail order service for your daily or long-term medications.



## Why Use Mail Order for Your Prescriptions?

- Convenience. Ordering is easy, and your medication is delivered right to your mailbox.
- Cost savings. There's never a shipping or handling charge for standard delivery.
- Refills are easy. You can order refills by phone or mail, or order online 24 hours a day!

Order up to a 90-day supply of covered medications, with no standard shipping charge.

Our mail order service partner is CVS Caremark Mail Service Pharmacy. You'll find more information and mail order forms at [PacificSource.com/member/mail-order-rx](https://www.pacificsource.com/member/mail-order-rx). Alternatively, you can use the contact information provided on this flier.

If you have questions, please contact our Customer Service Department toll-free at (888) 977-9299 or email at [cs@pacificsource.com](mailto:cs@pacificsource.com).

## Mail Order Pharmacy Contact Information

### CVS Caremark

**Online:**  
Caremark.com

**Phone:**  
(866) 329-3051, TTY/TDD 711

**Mail:**  
CVS Caremark  
PO Box 659541  
San Antonio, TX 78265-9541

### Idaho

Direct: (208) 333-1596  
Toll-free: (800) 688-5008

### Montana

Direct: (406) 442-6589  
Toll-free: (877) 590-1596

### Oregon

Direct: (541) 684-5582  
Toll-free: (888) 977-9299

### TTY

Toll-free: (800) 735-2900

### En Español

Direct: (541) 684-5456  
Toll-free: (800) 624-6052  
ext. 1009


### Email

[cs@pacificsource.com](mailto:cs@pacificsource.com)

[PacificSource.com](https://www.pacificsource.com)



# Mail Service Order Form

	<p><b>Mail this form to:</b></p>  <p>CVS Caremark PO BOX 94467 PALATINE, IL 60094-4467</p>																				
<p>Member ID # (if not shown or if different from above)</p> <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td> </tr> </table>																					
<p>-----</p> <p>Prescription Plan Sponsor or Company Name</p>																					

**Instructions:**  
Please use **blue or black ink** and **print in capital letters**. Fill in **both sides** of this form.

**New Prescriptions** - Mail your new prescriptions with this form.      Number of **New** prescriptions:

**Refills** - Order by Web, phone, or write in Rx number(s) below.      Number of **Refill** prescriptions:

**TO RECEIVE YOUR ORDER SOONER** request refills or new prescriptions online at [www.caremark.com](http://www.caremark.com) or call the toll-free number on your member ID card.

**A Shipping Address.** To ship to an address different from the one printed above, enter the changes here.

Last Name	First Name	MI	Suffix (JR, SR)
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 40px;" type="text"/>
Street Address	Apt./Suite #		<input type="radio"/> <b>Use shipping address for this order only.</b>
<input style="width: 100%;" type="text"/>	<input style="width: 60px;" type="text"/>		
City	State	ZIP Code	
<input style="width: 100%;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 40px;" type="text"/> - <input style="width: 40px;" type="text"/>	
Daytime Phone #: <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	Evening Phone #: <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>		

**B Refills.** To order mail service refills, enter your prescription number(s) here.

1) _____	2) _____	3) _____	4) _____
5) _____	6) _____	7) _____	8) _____

CVS Caremark wants to provide you with high quality medicines at the best possible price. In order to do this, we will substitute equivalent generic medicines for brand name medicines whenever possible. If you do not want us to substitute generics, please provide specific instructions, including drug names, in the "Special Instructions" section of this form.

Please fold here →

Please fold here →

Please fold here →

Please fold here →

\* WEB \*

\* WEB \*

We may package all of these prescriptions together unless you tell us not to.

All claims for prescriptions submitted to CVS Caremark Mail Service Pharmacy using this form will be submitted to your prescription benefit plan for payment. If you do not want them submitted to your plan, do not use this form. You may call Customer Care to make alternate arrangements for submission of your order and payment.



